

**Fine Tuning Treatments**

APPLICATION FORM

**COURSE BOOKING FORM**

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| **Name:** |  |

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| **Address:** |  |
| **Postcode:** |  |

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| --- | --- | --- | --- |
| **Contact No:** |  | **Emergency No:** |  |

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| --- | --- |
| **Email address:** |  |

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| **Please state what treatments you are qualified to offer:*****(Please attach photocopies of qualification certificates)*** | **1)****2)****3)****4)****5)****6)****7)****8)****9)****10)** |

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| **Any allergies or Personal Health Issues FTT needs to be aware of?** |  |

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| **Bank Details:*****(for payment for work carried out with FTT)*** | **Account Name:****Account Number:****Sort Code:** | **Public Liability Insurance Details:*****(Please attach copy of Insurance Certificate)*** | **Name of Insurer:****Policy Number:****Renewal Date:** |

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| **Are you already registered as Self Employed :** |  |

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| **Payment for work carried out:** | **Please submit an invoice at the end of each month for any work carried.****This invoice will be paid within 14 days of receipt.****You will need to be registered as self-employed with HMRC and will not be an employee of Fine Tuning Treatments.** |